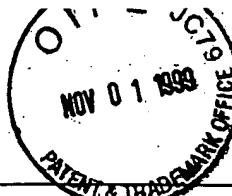


Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

B/P/S

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

STEVEN F WEINSTOCK  
ABBOTT LABORATORIES  
D-377 AP6D  
100 ABBOTT PARK ROAD  
ABBOTT PARK IL 60064-3500

HM12/0811

ABBOTT LABORATORIES

AUG 16 1999

Wanda E. Smith

NOV - 8 1999

Publishing Division (Director's name)

Wanda C. Smith 16 (Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP	ART UNIT	DATE MAILED
09/095,683	06/10/98	034	LEARY, L	1623	08/11/99
First Named Applicant	WONG, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION: DIAGNOSTIC ASSAY REQUIRING A SMALL SAMPLE OF BIOLOGICAL FLUID

Dew

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 6366.US.01	435-004.000	W94	UTILITY	NO	\$1210.00	11/12/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David L. Weinstein

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ABBOTT LABORATORIES

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

ANBOTT PARK, IL 60064-6050

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (mark check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee☐ Advance Order - # of Copies

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 01-0025

(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

David L. Weinstein

(Date)

(David L. Weinstein)

October 29, 1999

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

11/02/1999 SLUNG63 00000043 010025 09095683

01 FC:142

02 FC:561

1210.00 CH

30.00 CH

TRANSMIT THIS FORM WITH FEE